

# Oak House Care Home

Enter and View Report 9<sup>th</sup> & 11<sup>th</sup> June 2025

**healthwatch**  
Slough



# Contents

Contents.....	1
What is Enter and View? .....	2
Purpose of the visit .....	2
Background of the home .....	3
Preparation and Planning for the visit .....	3
Observations.....	4
Quality of Care .....	22
Activities and Daily Life.....	23
Food and Drink .....	26
Hydration and nutritional needs.....	29
Dignity and Respect .....	30
Staff .....	31
Staff: training and support .....	33
Connections with other services .....	35
Recommendations with response from manager .....	37

# What is Enter and View?

Enter and View is one of a range of options available to Healthwatch Slough to enable us to gather information about health and social care services and to collect the views of service users, their carers, and their relatives.

Enter and View is an activity that all local Healthwatch organisations can carry out to contribute to their statutory functions. This means Healthwatch Slough can choose if, when, how, and where it is used, depending on our local priorities.

An Enter and View visit is where a team of appropriately trained people, known as Authorised Representatives, access a service on behalf of a local Healthwatch organisation, make observations, collect experiences and views and then produce a report.

An Enter and View visit is not an inspection – it is the Care Quality Commission (CQC), as the independent regulator of all health and social care services, that has the formal inspection responsibility. Local Healthwatch organisations aim to offer a layperson's perspective, rather than a formal inspection.

Enter and View is not a stand-alone activity, but rather it is part of a wider piece of work to collect information for a defined purpose.

## Purpose of the visit

This visit was to look at what is working well with the service and what could be improved. We had a particular focus on independence and choice.

# Background of the home

Oak House Care Home was purpose built sixteen years ago and is run by Care UK. It is a residential, nursing, and dementia home.

The home has 120 beds over three floors. There are two private units on the ground floor along with the large reception area, and other facilities, including a Namaste Room, cinema, and hair salon. The first and second floors have three units each, giving a total of 8 units.

Its most recent CQC rating was 'Requires Improvement' in June 2019.

## Preparation and Planning for the visit

Following discussion with the Local Authority a priority list was presented to the Healthwatch Slough Advisory Group who agreed the visit to Oak House Care Home.

Three weeks prior to the visit, the manager was telephoned and we requested a visit on 9<sup>th</sup> and 11<sup>th</sup> June. This was confirmed with a letter. One week before the visit a member of the team dropped off posters to promote the visit, as well as printed surveys for staff and relatives, along with a post box to hold them securely. Details on the post box also included a link to both surveys, and a QR code. The post box was collected one week after we had visited.

During our time there we spoke with ten residents. The majority of residents had dementia and were unable to talk to us.

Additionally we spoke to/received surveys from eight relatives/friends, and twenty-five members of staff. We also spoke to the manager.



**Disclaimer** Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all service users and staff. It is only an account of what was observed and contributed at the time.

# Observations

## Interactions with Staff

All the staff we spoke to were welcoming and helpful. We were shown the artwork on the walls that a member of staff had put up to make the unit feel more homely and interesting for the residents:



There were nice touches throughout the different units to make them feel more homely.



We were able to move around all the units as, next to the keypads there was a small painting of flowers, with each flower containing a number. By putting the numbers in, we could open the doors. We asked about this and the manager informed us that, by doing this, those with dementia would not be able to 'see' the numbers and make sense of them, and would not be able to leave their units, without being accompanied.:



## Environment

As well as general observations, we used the King's Fund Dementia-Friendly tool.

### The Kings Fund Environmental Assessment Tool – Is Your Care Home Dementia Friendly – Oak House Care Home

**In summary, all criteria met except in sections 2,5 and 6**

#### 1. The environment promotes meaningful interaction and purposeful activity between residents, their families and staff

All assessment criteria met. As examples:

Does the approach to the care home look welcoming? Is the entrance obvious and the doorbell/entry phone easy to use?

We found the approach to the care home looked welcoming; the outside green area was well tended. There was adequate parking for visitors. There were wooden benches by the doorway and the entrance was obvious and the doorbell was easy to locate.



Does the care home give a good first impression?

On the day of the visit, the reception area gave a good first impression, it was clean and tidy, well decorated, had floral displays, seating and we were met by friendly staff.



Is there a choice of seating e.g. settees as well as single chairs with arms, and are chairs arranged in small clusters to encourage conversation?

There was a wide variety of seating provided for residents in the lounges, activity areas, quiet areas, and this was arranged so as to encourage resident conversations





Are there resources for individual and group activities e.g. music, books, memorabilia, artworks, crafts?

We observed a wide variety of resources for individual and group activities. There were memorabilia, various crafts, music, games. These included things like a music table, a pool table, dartboard, juke box etc.







## 2. The environment promotes well-being

All assessment criteria met, except:

Do the light switches contrast with their surrounds/the walls so that they are easy to see?

All of the light switches we saw did not particularly contrast very well with the wall colours. This may not be an issue in communal areas, but it may be an issue in residents' bedrooms if they are trying to locate the light switch.



Examples of where the assessment criteria were met:

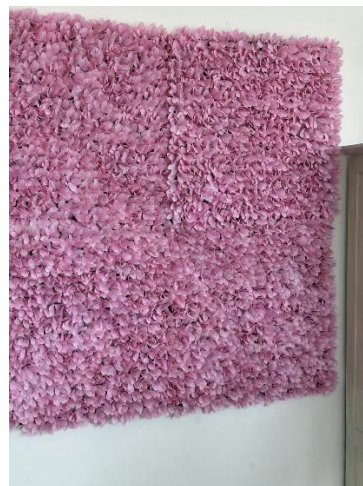
Is there good natural light in bedrooms and social spaces?

We observed good natural light in bedrooms and social areas where large low windows enabled views outside.



Is the décor age appropriate and culturally sensitive, are there photographs or artworks of a size that can be easily seen?

The artwork we observed was age appropriate. We observed different types of art and memorabilia. The art was of a size that was easy to see and was age appropriate. There were black and white images of past film stars and posters advertising past famous films. There were also black and white and colour images depicting family days. There was also tactile art.







Is there independent access to a pleasant, sociable, safe and secure outside space e.g. garden, courtyard or terrace with sheltered seating areas?

There is a very large garden which is broken up into various areas. There was level access from the home into the garden. We observed a variety of seating, whilst none of the seating was covered on the day of our visit, there was a storage area that had covers that could be erected.







We did not see any signage from the home to the garden that we have seen in other care homes. Oak House might want to consider adding that signage. An example is below:



### 3. The environment encourages eating and drinking

All assessment criteria met. As examples:

Are large dining areas divided so as to be domestic in scale and encourage people to sit in small groups or alone if they choose?

There are several dining rooms at the Oak House care home. We visited all of the dining rooms and all of them were divided so as to be domestic in scale and enable people to sit in small groups, or alone, or to be joined by a family member.



Do the people living in the care home and/ or their relatives have constant independent access to hot and cold drinks and snacks?

We observed access to drinks and snacks at various places in the home.





Is there a sufficient level of lighting so that the table settings and food can be seen easily?

All of the dining areas we observed had lots of natural window light as well as overhead lighting.

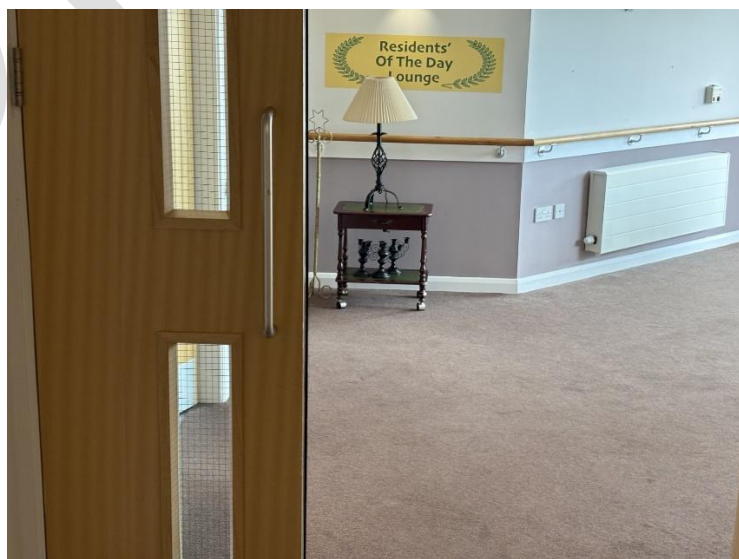


#### 4. The environment promotes mobility

All assessment criteria met. As examples:

Is the flooring in a colour that contrasts with the walls, any skirting, and furniture?

All of the flooring we observed, contrasted with the walls and skirting





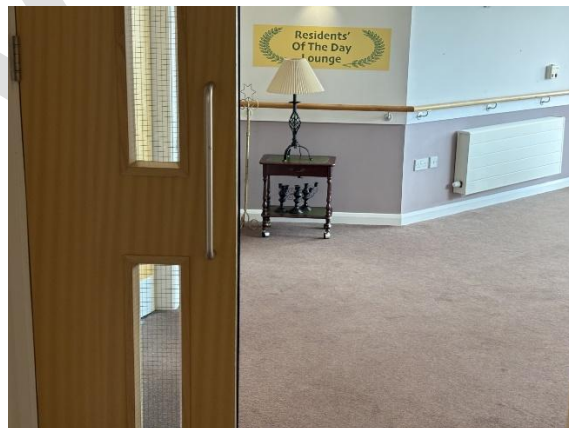
Are the handrails in a colour that contrasts with the walls and is it possible to grip them properly?

All of the handrails we observed were all in a distinctive colour that contrasted with the walls, apart from one small area, but that was undergoing redecoration and once completed the handrails would be in a contrasting colour.



Is the flooring in a colour that contrasts with the walls and skirting?

All of the flooring we observed contrasted with the colour of the walls and skirting.



The environment promotes continence and personal hygiene

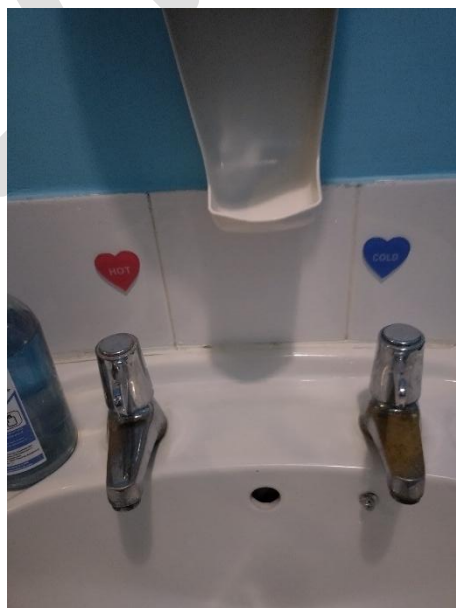
All assessment criteria met except:

Are the sink taps clearly marked as hot and cold?

As in all of the homes we have visited the taps are hard to identify as hot or cold. Whilst there might be a small thin coloured blue and red ring on each tap. None of the taps would be easily distinguishable as hot and cold, particularly to some residents with some sight impairment. Single handle mixer taps can be problematic in identifying which way is hot or cold. Ideally there needs to be a large sign above each tap.



Example of steps taken by a care home to make the hot and cold taps easier to distinguish:



Some examples below where the criteria were met:

Are all the doors to toilets painted in a single distinctive colour and do they have the same clear signage with text and images?

All of the toilet doors we observed were easily identifiable; the doors were in a distinct colour and had both sign and text to identify them as toilets



Are the toilet seats, flush handles and rails in a colour that contrasts with the toilet/bathroom walls and floor?

All of the toilets we observed had toilet seats, flush handles and rails that contrasted in colour from the walls and floor. Bathroom sinks also had grab handles in a contrasting colour.





## 5. The environment promotes orientation

All assessment criteria met except:

Is there a large, accurate and silent clock clearly visible and does it display the correct day, date and weather?

We observed several types of clocks on our visit. Some were larger, some were smaller, and the style and placement of these clocks may make it difficult to see them clearly, particularly if they had some sight impairment.



Below is a style of large clock we have seen in other care homes that make it easier for residents to see and includes time, day, date.



Some examples where the criteria were met:

Are doors personalised e.g. through the use of numbers, or, accent colours, personal memory boxes?

We observed bedroom doors had personal memory boxes next to each door which also included the resident's name. For the purposes of this report, personal names have been removed from the photographs below.



Are signs for residents placed on, not beside doors and of a good size and of a contrasting colour to be seen easily?

We observed various signs for residents that were attached to doors rather than next to doors:



Do doors to communal areas have a clear or transparent vision panel to show where they lead to?

All of the communal areas we observed had clear panels that would enable residents to see clearly what area was behind the door.

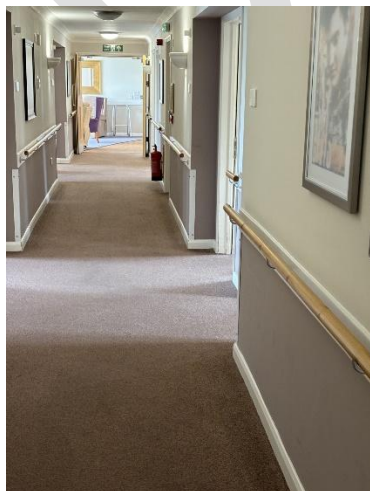


## 6. The environment promotes calm, safety and security

Are spaces clutter free so as not to prevent easy movement in the home?

All assessment criteria met. As examples:

We observed no cluttered areas that could affect residents safe movement in the home







Has careful consideration been given to the placement of any mirrors or shiny surfaces in corridors and social spaces?

We didn't observe any intrusive mirrors, shiny surfaces or flooring in any of the corridors, lounge, dining rooms or other communal spaces.

## 7. Additional Observation

As part of our dementia friendly assessment, we walked around the care home garden area, and made observations.

On the day of the visit, we noticed there were lighting bollards surrounding the walkway in the garden. One of these bollards had fallen down onto the pathway. We would recommend this is removed until it can be repaired as it could cause a trip hazard.

We also noticed a fairly deep and wide hole between the drainpipe and next to one of the residents bedroom patios. This could potentially cause a hazard should a resident step off the patio onto the hole. We recommend this be made temporarily safe if a permanent repair can not be done immediately.



## Garden Observation

There are enclosed areas of garden and a larger area, which used to feature a pond, but this has been drained for health and safety reasons. There is a large greenhouse in full view of one of the ground floor units.



It was sunny on the two days when we visited but none of the residents were using the garden. There was a lack of furniture in one of the garden areas, and we were told that the parasols had been put away due to the windy weather. As most people have dementia, they need to be accompanied by members of staff and this may have an effect on the ability to go outside.

We received the following feedback from residents:

"I like the garden. On a sunny day I go out in the garden."

"Like it. Use it in nice weather."

"It's lovely. Don't use it much."

We asked what would encourage them to use it:

"More flowers."

"More shaded areas."

The relatives were also very positive about the garden:

"Beautiful and spacious grounds. Recent open day used the large area in the garden. Tea parties are held when it is warm."

"The garden is large, spacious, clean and well-maintained. I believe it would benefit from having swings and gymnastic equipment."

"Very nice and well kept."

Suggestions for making the garden even better were as follows:

"More garden seating would be nice."

"More shade would enable better use in sunny weather."

"I think that there could be more activities outside."

"More activities outside."

Staff were aware that most residents need to be accompanied in order to access the garden and this was dependent on staffing levels on the day.

## Quality of Care

The residents we spoke to were happy with the home as a whole. Many of them said they felt safe and that the care is good.

"Like it. Wasn't happy at first as didn't want to leave my home but realised I could not look after myself. I have good days and bad days and the carers are very good."



# Activities and Daily Life

The home has three activities coordinators.

It also has a cinema and a Namaste room which has been equipped with sensory products and create a calm space. A number of the residents we spoke to mentioned how much they enjoyed the Namaste room.



## Residents' comments

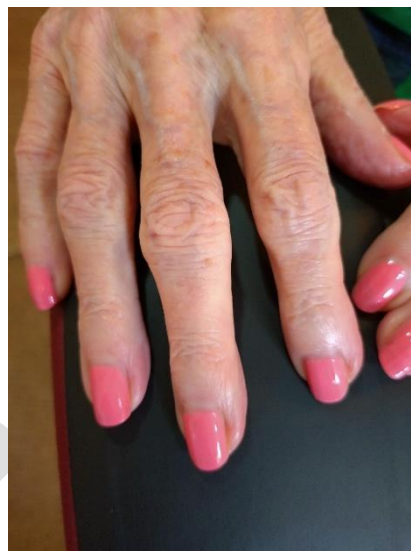
The residents we spoke to felt able to join in with activities or do things by themselves:

"I like to sit out in the main lounge (reception) and watch people coming and going." (A staff member takes her out to the reception area and sits her in view of the manager's office and the receptionist).

"I watch television: I like sports!"

"Lots of activities: I can do painting, knitting, drawing. Go to the Namaste room. Have my hair done and Sophie does my nails." (they were very pretty).

Several of the residents commented on the carer that does their nails and happily showed them off to us:



There was an Activities board in the main reception area and all the units had dedicated areas where activities were held and that included the garden club:





We didn't see any of these areas being used on either of our visits, but they were clearly available for use as quiet spaces as well as places for activities.

Residents did comment that they did not go out much, except with their families and a relative told us that decreased mobility had meant that they were no longer able to take their loved one out in a car. Access to a bus to take residents out in the local area would increase the opportunities for residents to go out of the home. We have found that garden centre visits are always popular.

## Relatives' comments

The majority of relatives said they had been asked about their loved ones interests and knew that they could join in with activities, if they wished to.

All except one said that their relative was encouraged to do activities and that there were alternatives if their loved one did not wish to participate:

"She has been taken for walks in the garden by carers when she doesn't like the activity."

"Watching TV, listening to the radio, conversation."

Just over half felt that their loved one was encouraged to be active and move around during the day and use the outside space regularly.



## Staff

The staff had a mixed reaction to the activities with some feeling that they were good and some saying that there could be more variety.

“Mainly they are very good. More trips out of the home environment would help.”

When we asked staff what they did if a resident wanted a different activity from those on offer they were aware of what to do:

“Will ask the resident to give me a few minutes then I will ask the relevant person for such things then go back to the resident with the answer.”

“I will reassure the resident 'I am going to get it for you'. I will find something to give that is available at the time.”

“Usually we try to fulfill the request, but if not possible we offer something else, and, if that's not OK I'll buy it myself and bring it in for the resident.”

# Food and Drink

## Lunch Observation

We undertook an observation of lunch in two dining rooms:

### Lunch observation Dining room 1 – 2<sup>nd</sup> Floor Dementia Dining Room

Music was playing in the background.

Two residents were sitting at a table at right angles to each other. At another table a resident was sitting with a relative who was also eating.

Some residents were seated and eating in their chairs, one for mobility reasons. At the far end of the room other residents were being supported and encouraged to eat.

The atmosphere was calm and the staff were talking to residents and, explaining what food was being presented to them. All the tables had menus and were laid with table cloths and had jugs of squash on them.

One resident became upset about her food and a carer spoke calmly to her and offered her an alternative. The carer took the plate away and went and asked the staff member in the kitchen to make some bread and butter.

One carer encouraged a resident to open their eyes as they ate. There was a calm atmosphere and staff interacted well with each other and the residents.

### **Dining Room 2**

There were three people sitting at separate tables and one sitting in their chair eating. The three residents at the tables were all sitting in their regular seats. One used to sit with another resident who had recently passed away. A member of staff was walking up and down and making sure that all the residents had what they wanted and was also chatting to them.

One resident was offered ice cream which she enjoyed.

The staff in the kitchen prepared a tray with a cover over the plate for a staff member to take to a room.

There was a good atmosphere. The radio was playing music in the background, but it wasn't too loud and it was easy for the staff and residents to converse.

Staff offered drinks as well as food and there were jugs of fruit squash on the tables. Staff checked in with each other to ensure that everything was being done and were all very cheerful.

The manager came in to talk to a resident and then left to respond to an emergency buzzer, but reassured the resident she would be back.

The staff member in the kitchen was keeping it tidy and wiping the work surfaces. Two members of staff took time to sit down and talk to the residents sitting at the tables and the resident who was eating lunch whilst sitting in their chair.

## Resident feedback

There was a mixed reaction from the residents when we asked about the food provided:

"Able to choose from the options offered but could be more. It's not always hot enough. "

"Puddings are the best and the cakes. Some of the meals are OK. "

"Food is fine."

Residents felt that they could sit where they wanted at mealtimes and were helped to eat when needed.

## Relatives

83% of relatives felt that the food was good quality. Only 63% felt that there was enough help provided with eating and drinking.

"She eats better with me there as needs prompting."

"My mother enjoys her meals here and has started to gain the weight she has lost in hospital."

All relatives were aware that they could join their loved one for a meal and felt that there was a suitable quantity of food. They also felt that the home provided food for different cultural backgrounds.



I really want to thank Lukasz for always being available to discuss food with my mother and solving any related issues promptly.





## Staff Feedback

The feedback from staff varied, with most of the staff saying that the quality of the food was good.

"The quality is good and also the variety served."

"It depends on their liking and preferences: Some enjoy the food and some dislike it."

"Good - tastes really good but they are repeatedly the same kinds of food."

"A lot of grease. Cheese already on spag bol and not given the choice of adding it. Same things all the time."

"Variety is limited. Some enjoy it and some don't."

## Hydration and nutritional needs

All the staff we heard from were aware of the importance of keeping the residents hydrated and well-fed:

"By offering juice, water, tea, coffee, . Ensure they are getting their meals, offer snacks."

"Encourage them to eat and drink throughout the day."

"The staff follow the resident's care plan to provide good nourishment and give fluids and snacks."

"Hydration stations in all units."

We could see jugs of squash/water on all the tables in the living room and other hydration areas around the units:



# Dignity and Respect

The residents felt they were treated with dignity and respect and that their needs were considered:

“The carers look after me well. I said I didn't want two male carers washing me and now I have a male and female carer.”

“Staff wash me, they help me get up, go to bed and take me to the toilet.”

“Happy with the care. My daughter visits. Carers are good and look after me well.”

Relatives felt that their loved ones looked presentable when they visited and that, where able to, they could choose what to wear.

They also felt that the home encouraged their loved ones to be as independent as possible.

# Staff

## Resident feedback

The residents were all very positive about the staff:

"I like them. They help me."

"All the carers are good and they help me."

"They are respectful and caring and kind people."

Residents said that all staff treated them with respect and that, on the whole they responded to their needs:

"Yes, although it can depend on how busy they are."

Residents enjoyed talking with staff but felt that staff were not always able to sit and chat to them:

"Yes, they sometimes sit and talk to me."

"Yes, they spend time talking to me and look after me well."

## Relatives' feedback

Almost all the relatives we heard from said that the staff were caring and kind.

"My mother has significant health issues and often requires GP visits. When needed, these doctor visits are arranged promptly, for which I am grateful to everyone involved. I would also like to thank everyone for taking care of my mother's appearance, including her manicures, hair cuts and podiatry."



Relatives felt they were listened to by the staff and the manager, with all except one saying that they know which member of staff to talk to if they wish to discuss something about their loved one.

All felt that they are kept up to date with changes to their loved one's health and felt involved in relation to decisions around their care.


Only one relative was unaware of how to raise concerns and make a complaint. One relative said that not all complaints and concerns were acted upon.

Relatives also gave the following feedback:


"Staff are always welcoming and always appear to treat my mother with respect. I am very happy with her care."

"Seem quite short staffed and can't react quickly enough."

"From the moment my mother was admitted to Oak House, two years ago, she has been surrounded by genuine care from everyone, including Agnieszka, the caregivers, chefs, cleaners, the receptionist and those who attend to her appearance and medical needs. Over the past two years, nothing has changed: there is still outstanding care at a very high level. Special thanks to Agnieszka, Debi and Rachela for their support with everything related to my mother."



"Oak House is an excellent care home. Residents are well cared for and observed at all times. A very safe environment. Happy atmosphere immediately when entering the building."



Around 60% of staff felt that they were not able to give residents as much support and help as they would like. Many of the staff had been working at the home for a number of years with one saying they had worked there for sixteen years.

Those that felt able to sit and talk to residents tended to be the nurses and unit leaders. Healthcare Assistants wanted to spend more time interacting with residents but often felt there were not enough staff available for them to be able to do so.

“When it is less busy I sit and talk to residents.”

“Not always as there are shortages of staff so we are always busy attending to residents.”

“We always try our best to find time to sit with residents and allow them to express their thoughts, feelings, wishes and listen to them with empathy.”

## Staff: training and support

The feedback from staff was that almost all felt the training and support was good, with some suggesting more support would be helpful:

“Staff are supported quite well and training kept up-to-date.”

“The training for staff is amazing but we don't get the support we need.”

“All training is good. Support is minimal from my line manager but good from higher management.”

“I am thankful that I am in the right working environment and surrounded with amazing people that contribute to my learning and growth as a nurse.”

“Mandatory training is all up-to-date. Various other training is available to all staff. Supported by a mental health first aider.”

When we asked the staff what was the hardest part of their job, not having enough time to spend with residents was mentioned most frequently.

“Not able to spend enough time with residents individually.”

“Not given enough time to engage with residents and always rushing around, even when working as a team.”

“Challenging behaviours.”

“Seeing residents deteriorate.”

“Dealing with emotional challenges, seeing residents going through tough times – takes a lot of strength.”

It is clear that the staff are very dedicated to the residents and their care.

We asked the staff to tell us what improvements they thought could be made and:

“Taking care and managing stress; helps me be more present and energised for the ones I care for.”

“When I am offered sponsorship to continue working with my organisation, that will make a lot of difference as it will encourage me and also save me the stress of having to look for another job and eventual relocation of my family.”

“Extra staff: one to keep an eye on the unit and someone for residents to talk with.”

Having more staff to enable them to spend time with residents was a major theme from the feedback we received.



The manager felt supported in her role.

The manager has taken steps to recruit permanent staff rather than rely on agency staff and has a bank of workers that can be accessed when needed.

# Connections with other services

Residents were very happy to have a hairdressing salon in the care home and the manager has made sure that it is kitted out like a real salon:



As so many residents enjoy having their nails done, the manager is planning to put a nail bar at the other end of the hairdressing salon, so that the residents can go and have their nails done in a dedicated space.

Relatives were also happy with the hairdressing service:

**"Hairdresser is great and really well priced."**

Access to other services was an area that some relatives felt could be improved:

**"Was supposed to get an eye test and see the dentist about her false teeth, but nothing has happened."**

We spoke with the manager who told us that the GP comes in on a weekly basis.

In 2024 the manager said that a private dentist offered free check-ups for residents and those that attended the check-up were then referred to the community dentist as necessary, but there is a long wait to see the community dentist.

There is a long waiting list for access to Occupational Therapy and Physiotherapy.

There is a private company that can be accessed for ear wax removal.

A main pharmacy is used and urgent medication will be sent directly to the home.

When asked about the discharge process the manager said that this depends upon the hospital. Sometimes residents arrive back from hospital with no notes or the ambulance crew arrive but without the medication that has been prescribed.

When a resident is being discharged from hospital the manager aims to speak to a nurse to get a full handover and then check when the resident arrives that all medication is correct.

Mental health support is not easy to access in a timely manner, when required. Recently it took several weeks to get support for a resident and the mental health team do not do regular reviews of medication, which is another challenge.

# Recommendations with response from manager

Overall the residents and relatives we heard from were happy with the care being given by the staff. The staff enjoyed their jobs and were seen to be interacting in a positive manner during our visit. We would like to make the following recommendations:

- Consider moving clocks or sourcing clearer ones as recommended in the dementia friendly comments

**Response from Manager: We will explore the option of relocating the clocks to more visible areas and will also look into sourcing clearer, dementia-friendly designs to better support our residents.**

- Ensure taps are clearly marked 'hot' and 'cold'.

**Response from Manager: We will ensure that all taps are clearly marked with 'hot' and 'cold' labels to enhance safety and support for our residents. This will be actioned as a priority, and I will confirm once completed.**

- Look at making the light switches easier to see in residents' bedrooms.

**Response from Manager: We will review the visibility of light switches in residents' bedrooms and consider suitable adjustments, such as using contrasting switch plates or additional signage, to make them easier to see.**

- Consider contacting the activities manager at Langley Haven who is keen to share ideas with other care homes

**Response from Manager: I will contact the Activities Manager at Langley Haven to explore opportunities for sharing ideas and best practices. Collaborative approaches like this can be valuable in enhancing the activities we offer our residents.**

- Consider contacting other care homes nearby to discuss having a shared bus for outings

**Response from Manager: We currently have a minibus allocated specifically for Oak House. Additionally, staff have been scheduled to undergo training to drive the minibus during August 2025. We believe this will enhance our capacity to organise outings independently, but we remain open to future collaboration with nearby care homes if appropriate.**

- Signpost the garden more clearly.

**Response from Manager: We will look into improving the signage to the garden to ensure it is clearly visible and easily accessible for residents and visitors. Appropriate signage will be arranged as part of our ongoing efforts to enhance the environment.**

- Remove/Repair the broken bollards in the garden which represent a trip hazard

**Response from Manager: The repair/removal of the broken bollards in the garden has been reported, and we are currently awaiting a response from the relevant team. We will ensure this is addressed as soon as possible to eliminate any potential trip hazards.**

- In good weather, provide more activities in the garden

**Response from Manager: We will look to make greater use of the garden during good weather by offering more outdoor activities for residents. This will be included in our activity planning going forward to enhance resident wellbeing and engagement.**

- Plant more flowers in the garden areas nearest the home to give more colour.

**Response from Manager: We will include this as part of our ongoing work with the Garden Club, where residents are actively involved in planning and planting. Adding more flowers near the home to introduce more colour will be considered in upcoming gardening sessions.**



- Recruit volunteers to come in and talk to the residents.

**Response from Manager: We appreciate the positive impact volunteers can have on our residents. To support this, we placed an advert on our Facebook page to recruit volunteers interested in coming in to talk with and engage our residents. We will continue to explore additional ways to attract and welcome volunteers into our community.**

We are pleased with the proactive response to our recommendations and look forward to revisiting Oak House later in the year.

DRAFT



**Unit 49, Aerodrome Studios, Airfield Way, Christchurch, Dorset, BH23 3TS**

[www.healthwatchslough.co.uk](http://www.healthwatchslough.co.uk)

t: 03000 012 0184

e: [enquiries@healthwatchslough.co.uk](mailto:enquiries@healthwatchslough.co.uk)

🐦 [@https://twitter.com/HWslough](https://twitter.com/HWslough)

📘 [Facebook.com/HealthwatchSlough](https://www.facebook.com/HealthwatchSlough)